

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

March 28, 2023

[REDACTED]
CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC
[REDACTED]

RE: CHELTEN CHRISTIAN CRUSADE FOR
ALL PEOPLE, INC.
3635 NORTH 22ND STREET
PHILADELPHIA, PA, 19140
LICENSE/COC#: 14167

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/15/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE, INC **License #:** 14167 **License Expiration:** 02/17/2022
Address: 3635 NORTH 22ND STREET, PHILADELPHIA, PA 19140
County: PHILADELPHIA **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 01/19/1983 **Issued By:** City of Philadelphia

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 11 **Waking Staff:** 8

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 02/15/2023

Inspection Dates and Department Representative

02/15/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 14 **Residents Served:** 11

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 11 **Are 60 Years of Age or Older:** 10
Diagnosed with Mental Illness: 11 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

02/15/2023 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/16/2023

03/20/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 03/28/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/25/2023

Inspections / Reviews (*continued*)

03/23/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/27/2023

03/27/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/30/2023

03/28/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42c - Treatment of Residents

1. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

According to resident 1's interview, staff member A went to the residents room, cursed at the resident, and tried to hit him/her with a cane. Resident 1 moved, and staff member A hit a pole.

Plan of Correction

Accept [REDACTED] 03/20/2023)

As of 03/09/2023 staff member A was retrained by the administrator on the Older Adult Protection Act and how to treat all residents with respect and dignity. As we are closely looking into this accusation, staff member A is on a leave of absence until further investigation. The administrator will work [REDACTED] if [REDACTED] returns to work. Staff member A was given a verbal warning and will be terminated if we receive any other complaints.

Licensee's Proposed Overall Completion Date: 03/09/2023

Implemented [REDACTED] - 03/27/2023)

141a 1-10 Medical Evaluation Information

2. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The resident's 2 medical evaluation did not include the medication list.

Plan of Correction

Accept [REDACTED] - 03/20/2023)

As of 03/07/2023 all DME's have been checked by to assure the resident's medication list is staples to the back. MAR's will be added to the new resident checklist to assure they are added in upon intake.

Licensee's Proposed Overall Completion Date: 03/07/2023

Implemented [REDACTED] - 03/28/2023)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

141b1 - Annual Medical Evaluation (continued)

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 2's most recent medical evaluation was completed on [REDACTED]/2020.

Plan of Correction

Accept ([REDACTED] - 03/23/2023)

As of 03/07/2023 all of the resident's records will be checked monthly by the administrator to assure all forms are up to date. All forms expiration date have now been put on google calendar a week before they expire to assure all forms are completed by the adm nistrator BEFORE they expire.

Licensee's Proposed Overall Completion Date: 03/21/2023

Implemented [REDACTED] - 03/28/2023)

183b - Meds and Syringes Locked

4. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On February 15, 2023, the medications for residents 1 and 2 were left unlocked, unattended and accessible on the kitchen table.

On February 15, 2023, there was a red medical waste disposal container unattended and accessible on the kitchen table, available to a l residents.

Plan of Correction

Accept ([REDACTED] 03/20/2023)

All DCS staff members were retrained by the administrator on 03/08/2023 on the proper storage of all medications and the syringe box. DCS are now aware that all medication and syringes must be stored in a locked cabinet.

Licensee's Proposed Overall Completion Date: 03/08/2023

Implemented (MJ - 03/28/2023)

187a - Medication Record

5. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

187a - Medication Record (continued)

- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 1 moved into the facility on [REDACTED], 2023. However, Resident 1's medication record was not available in the home until [REDACTED], 2023.

Plan of Correction

Accept [REDACTED] - 03/20/2023)

The administrator will check going forward that all records have been transferred from previous PCH before allowing a resident to reside in our facility. As of 03/08/2023 the administrator will not allow a resident to move into the home until we have received all mandatory documentation for a new resident.

Licensee's Proposed Overall Completion Date: 03/08/2023

Implemented (MJ - 03/27/2023)

187b Date/Time of Medication Admin.

6. Requirements

- 2600.
- 187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 2 is prescribed [REDACTED] 20 mg tabs. However, on [REDACTED] 2023, the resident's medication administration records do not indicate the name and initials of staff person administering medication, or reason why the medication was not administered.

Plan of Correction

Accept [REDACTED] - 03/23/2023)

The medication administrator has been retrained on 03/09/2023 on the importance of administering on all medication at the given time the doctor prescribed. The medication administrator was retrained on the proper way to administer all medication. The administrator was given a verbal warning stating this may never occur again and that will be observed daily by the administrator to assure proper administrations and documentation.

Licensee's Proposed Overall Completion Date: 03/21/2023

Implemented [REDACTED] - 03/28/2023)

7. Requirements

- 2600.
- 187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

From January 10, 2023, to February 15, 2023, resident 1 was administered [REDACTED] 20 mg tabs, [REDACTED] 20 mg tablets, [REDACTED] 1 mg, [REDACTED] 40 mg, [REDACTED] 10 gm [REDACTED] 20 mg tabs, [REDACTED] 10 mg tabs, [REDACTED] 1 gm tabs, and [REDACTED] 50 mg. Staff person A did not record on the medication records the time the medication was administered. According to staff person B, staff person A called at the other facility to have another staff member sign their initials on the medication record.

Resident 1 is prescribed [REDACTED] cream twice a day. On February 15, 2023, the medication was not available in the home. However, the medication records were signed as administered.

187b - Date/Time of Medication Admin. (continued)

Resident 2 has been hospitalized since [REDACTED] 2023. However, resident 2's medication administration record has been signed by staff indicating medications were administered as of today, [REDACTED], 2023.

Plan of Correction **Accept** [REDACTED] - 03/23/2023)

Staff member A was retrained on medication administration and documentation on 03/09/2023 by the administrator. Staff was retrained on the importance of only documenting medication as it is given to the resident. All medication administrators will be closely observed by the administrator for one week to assure all documentation is correct. Administrator will check Mar'S every day.

Licensee's Proposed Overall Completion Date: 03/21/2023

Implemented [REDACTED] - 03/28/2023)

187d - Follow Prescriber's Orders

8. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 1 is prescribed [REDACTED] twice a day. However, this medication was not administered to resident 1 on February 15, 2023 because the medication was not available in the home.

Resident 2 is prescribed [REDACTED]. However, on February 14, 2023, the resident's medication administration records do not indicate the staff name, initials, or reason why the medication was not administered.

Plan of Correction **Accept** [REDACTED] - 03/23/2023)

The medication administrator has been retrained on 03/09/2023 on the importance of administering on all medication at the given time the doctor prescribed. The medication administrator was retrained on the proper way to administer all medication. The administrator was given a verbal warning stating this may never occur again and that will be observed daily by the administrator to assure proper administrations and documentation.

Licensee's Proposed Overall Completion Date: 03/21/2023

Implemented [REDACTED] - 03/28/2023)

188b - Medication Error Reporting

9. Requirements

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident 2 is prescribed [REDACTED] 500 mg tabs. However, resident 2 was administered [REDACTED] 50 mg tabs. The medication error was not reported to the resident or the prescriber.

Plan of Correction **Accept** [REDACTED] - 03/23/2023)

All DCS workers/medication administrators have been retrained on 03/09/2023 by the administrator on the importance of documenting all medication errors and how to observe any medication errors. The DCS are now

188b - Medication Error Reporting (continued)

aware that they must notify the administrator so [REDACTED] can notify the resident and the prescriber and document the medication error in the residents records within a 24 hour following the medication error.

Licensee's Proposed Overall Completion Date: 03/21/2023

Implemented [REDACTED] - 03/28/2023)

188c Medication Error Documentation

10. Requirements

2600.

188.c. Documentation of medication errors and the prescriber s response shall be kept in the resident s record.

Description of Violation

Resident 2 is prescribed [REDACTED] 500 mg tabs. However, resident 2 was administered [REDACTED] 50 mg tabs. There is no documentation of the error in the resident's record.

Plan of Correction

Accept [REDACTED] - 03/23/2023)

All DCS workers/medication administrators have been retrained on 03/09/2023 by the administrator on the mportance of observing all medication to assure all medications and MAR's match. The medication administrator will notify the administrator of all medication errors so [REDACTED] can inform the prescriber and this will be documented in the residents records.

Licensee's Proposed Overall Completion Date: 03/21/2023

Implemented [REDACTED] - 03/28/2023)

224a Preadmission Screen Form

11. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department s preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 2's preadmission screening form, dated [REDACTED]/2019, does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept [REDACTED] - 03/20/2023)

The administrator has corrected this pre admission screening form on 03/08/2023. The administrator will check all forms monthly to assure all forms are completed entirely.

Licensee's Proposed Overall Completion Date: 03/08/2023

Implemented [REDACTED] 03/28/2023)

225c Additional Assessment

12. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

225c - Additional Assessment (*continued*)

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident 2's most recent assessment was completed on [REDACTED]/2020.

Plan of Correction

Accept [REDACTED] - 03/20/2023)

As of 03/09/2023 the administrator will check all RASP's and DME's monthly to assure all residents RASP are completed so we can continue to give the resident's the best care needed for them

Licensee's Proposed Overall Completion Date: 03/09/2023

Implemented [REDACTED] 03/28/2023)

251d - Resident Records on Premises

13. Requirements

2600.

251.d. Separate resident records shall be kept on the premises where the resident lives.

Description of Violation

On [REDACTED] 2023, resident #1 relocated to the home from another home. Records for resident 1 were retained at the other home until today, [REDACTED] 2023, according to staff member B.

Plan of Correction

Accept [REDACTED] 03/20/2023)

On 02/15 resident #1's file was placed with all other files. The administrator will no longer allow any resident to reside in our facility unless all mandatory documentations are on site. No files will leave the facility going forward.

Licensee's Proposed Overall Completion Date: 03/09/2023

Implemented [REDACTED] 03/27/2023)